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Bib Data Sheet

CONFIRMATION NO. 3043

SERIAL NUMBER 10/761,439	FILING DATE 01/21/2004	CLASS 428	GROUP ART UNIT 1775	ATTORNEY DOCKET NO. 13631-44
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<p>APPLICANTS</p> <p>Timothy P. Weihs, Baltimore, MD; <i>RRK.</i></p> <p>Todd Hufnagel, Baltimore, MD; <i>11-14-04</i></p> <p>Omar Knio, Timonium, MD; Michael Reiss, Baltimore, MD;</p> <p>David van Heerden, Baltimore, MD;</p> <p>Howard Feldmesser, Columbia, MD; <i>RRK.</i> <i>11-14-04</i></p> <p>** CONTINUING DATA *****</p> <p>This application is a DIV of 09/846,486 05/01/2001 PAT 6,736,942 <i>RRK.</i> which claims benefit of 60/201,292 05/02/2000</p> <p>** FOREIGN APPLICATIONS ***** <i>RRK. (NONE)</i></p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/23/2004</p> <table border="1"> <tr> <td>Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged</td> <td><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Robert R. Kohn</i> Examiner's Signature Initials</td> <td>STATE OR COUNTRY MD</td> <td>SHEETS DRAWING 6</td> <td>TOTAL CLAIMS 1</td> <td>INDEPENDENT CLAIMS 1</td> </tr> </table> <p>ADDRESS LOWENSTEIN SANDLER PC 65 LIVINGSTON AVENUE ROSELAND, NJ 07068</p> <p>TITLE Reactive multilayer foil with conductive and nonconductive final products</p> <table border="1"> <tr> <td>FILING FEE RECEIVED 385</td> <td> <p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit _____</td></tr> </table> </td> </tr> </table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Robert R. Kohn</i> Examiner's Signature Initials	STATE OR COUNTRY MD	SHEETS DRAWING 6	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1	FILING FEE RECEIVED 385	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p> <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees (Filing)</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees (Issue)</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit _____</td></tr> </table>	<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit _____
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